#### NOTICE OF GRANT AVAILABILITY

#### NAME OF GRANT PROGRAM:

Alzheimer's Adult Day Services **STATUTORY AUTHORITY:** New Jersey Statute 26:2M-9 et seq

# GRANT PROGRAM NO. 05-51-GER TYPE OF AWARDS TO BE ISSUED:

Letters of Agreement - Fee for Service

#### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To provide structured, supervised adult day services for persons with limited financial resources who have a diagnosis of Alzheimer's disease or a related dementia; to provide counseling, referral and education to support caregivers.

(The full name of the program is the Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders.)

#### AMOUNT OF FUNDS IN THE GRANT PROGRAM:

Approximately \$2.4 million should be available in Fiscal Year 2005 to reimburse 55-60 agencies/sites. Services for eligible clients are reimbursed under the terms of the agency's letter of agreement. Agencies that currently have letters of agreement for these activities and who have performed satisfactorily will be given first priority for funding. Legislation requires reimbursement be no more than 75%.

# ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

- 1. Terms and Conditions for the Administration of Grants.
- 2. General and specific Grant Compliance requirements issued by the Granting Agency.
- 3. Applicable Federal Cost Principles relating to the Applicant.

## GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Existing agencies that offer adult day services for persons with covered forms of dementia. Priority is given to currently approved programs and new applicants in underserved areas of the State.

## QUALIFICATIONS NEEDED BY AN APPLICANT TO BE CONSIDERED FOR A GRANT:

- 1. Ability to meet the nursing, psychosocial and recreational needs of persons in middle to late stages of dementia.
- 2. Ability to provide a safe, therapeutic milieu.
- 3. Ability to offer supportive services and education for caregivers.

## **APPLICATION PROCEDURES:**

Determine from the Program Support and Data Management unit, that funds are available. Request application. Submit completed application to the Program Support and Data Management unit by deadline specified.

# FOR INFORMATION CONTACT:

Elizabeth S. Vosskaemper, Grants Administrator

TELEPHONE: (609) 943-3475

Program Support and Data Management

FAX: (609) 943-3467

NJDHSS - Division of Senior Affairs **EMAIL:** elizabeth.vosskaemper@doh.state.nj.us

# DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

When funds allow, submission of application is ongoing for new applicants.

## DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

New applicants are notified within three months of submission of application.